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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		<b>Attorney Docket Number</b>	GONZ01
		<b>First Named Inventor</b>	Gonzalez
<b>COMPLETE IF KNOWN</b>			
		<b>Application Number</b>	/
		<b>Filing Date</b>	
		<b>Group Art Unit</b>	
		<b>Examiner Name</b>	

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHODS AND APPARATUS FOR TREATING METAL-WORKING FLUID**

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/190,761	03/20/2000	<input type="checkbox"/>

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## DECLARATION — Utility or Design Patent Application

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City

State

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Country

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Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR :**  A petition has been filed for this unsigned inventor

Given Name Anthony H.  
(first and middle [if any]) Family Name Gonzalez  
or Surname

Inventor's Signature *Anthony H. Gonzalez* Date 3-16-2001

Residence: City Springfield State OR Country US Citizenship US

Mailing Address ALG Life Sciences

Mailing Address 633 Poltava Street

City Springfield State OR ZIP 97477 Country US

**NAME OF SECOND INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name Michael D.  
(first and middle [if any]) Family Name Birran  
or Surname

Inventor's Signature *Michael D. Birran* Date 3-16-01

Residence: City Eugene State OR Country US Citizenship US

Mailing Address ALG Life Sciences

Mailing Address 633 Poltava Street

City Springfield State OR ZIP 97477 Country US

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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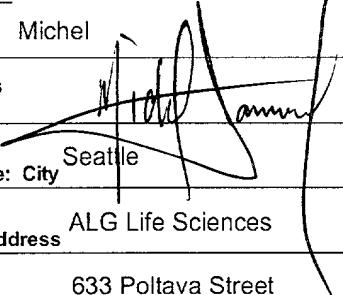
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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 1**

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])  Michel		Family Name or Surname  Jammal	
Inventor's Signature  		Date 03·13·01	
Residence: City  Seattle	State WA	Country US	Citizenship US
Mailing Address  ALG Life Sciences 633 Poltava Street			
City Springfield	State OR	ZIP 97477	Country US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])  		Family Name or Surname  	
Inventor's Signature  		Date  	
Residence: City  	State  	Country  	Citizenship  
Mailing Address  			
Mailing Address  			
City  	State  	ZIP  	Country  
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])  		Family Name or Surname  	
Inventor's Signature  		Date  	
Residence: City  	State  	Country  	Citizenship  
Mailing Address  			
Mailing Address  			
City  	State  	ZIP  	Country  

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PTO/SB/81 (10-00)

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Gonzalez
Group Art Unit	
Examiner Name	
Attorney Docket Number	GONZ01

I hereby appoint:

Practitioners at Customer Number

23892



OR

Practitioner(s) named below:

Name	Registration Number
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Country			
Telephone	Fax		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

**SIGNATURE of Applicant or Assignee of Record**

Name	Anthony H. Gonzalez
Signature	<i>Anthony H. Gonzalez</i>
Date	March 16, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 3 forms are submitted.

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PTO/SB/81 (10-00)

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Gonzalez
Group Art Unit	
Examiner Name	
Attorney Docket Number	GONZ01

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name      Michael D. Birran

Signature

Date

3-16-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 3 forms are submitted.

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Gonzalez
Group Art Unit	
Examiner Name	
Attorney Docket Number	GONZ01

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23892



OR

Practitioner(s) named below:

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

### SIGNATURE of Applicant or Assignee of Record

Name      Michel Jammal

Signature

Date

03-13-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 3 forms are submitted.